ER-SWM-53: Rev. 3/82

BUREAU OF SOLID WASTE MANAGEMENT NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

MSTALLATIONE BY ALL MUNICES		
PADO54717475	o militally will be made	1. A. W. C.
I NAME OF INSTALLATION		
Printed Circuits, Inc.		
ILL INSTALLATION MAILING ADDRESS		
STREET OR P. O. BOX		
1615 Manning Blyd.		
CITY OR TOWN		ST. ZIP CODE
Levittown, Pa.		P A 19057
IV. LOCATION OF INSTALLATION		
STREET OR ROUTE NUMBER		MUNICIPALITY
Same	Ţ	exittówn
CITY OR TOWN	ST, ZIP COUE	COUNTY
	P A 19057	Lower Bucks
Y INSINILLATING CONTACT		
C THANKS AND STREET, Book first, & job strick	A 1 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	PROBLEMO: (area code & na.
Mitchell, Robert General Manager		211 5 9 4 5 9 1 2
VI, OMNERSHIP		
A NAME OF INSTALL	LATION'S LEGAL WINER	
	obert Mitchell	
B. TYPE OF OWNERSHIP	Section .	
(enter the appropriate letter into host) P = PEDERAL Nr = NON-PEDERAL M		
	4-1-1	art a second
VII SIC CODES (4-digit in order of priority)		
A. FAST		C. THIPS
3 4 7 Electroplating		
AND A PROPERTY OF A SECOND		D. FOURTH J. J. Sec. Sec.
	good dispersion and the	
EARL OF INVANIOUS BARREASTIVITY		
Brightness Park	and Amilian (1988)	W. Share(Con.)
IX MODE OF TRANSPORTATION (transporters only)		
		elevit .
X EXECUTE ENVIRONMENTAL PROGRAM PERMITS		
B. UIC (Underground Injection of Fluids) E. SQLID W	ASTR	
© RCRA (Hatterdous Westes) F. QTHE	e by in	
XI. TYPE OF NOTIFICATION.		
	A REPORT OF THE PERSON	a waste section, or positive of a change o
general information, hazardous waste handled, of hazardous waste activity. If TIONS).	you cheek B, C, B, E, or F, et	ttach a letter of explanation TAGE INSTRUC
A. FIRST NOTIFICATION	e de la companya de	E. DELETION OF AN ACTIVITY
8. CHANGE OF GENERAL INFORMATION . D. ADDITION O	OF A WASTE	F. ADDITION OF AN ACTIVITY

Note: Letter of explanation

attached.

CONTINUE ON REVERSE

XII DESCRIPTION OF HAZARDOUS	WASTES (Continued from t				*
A. HAZARDOUS WASTES FROM A from non-specific sources your ins			er from \$78.261(h){2}	Represents the seal bearings	a wasan
	3 - 3	I I	Ţ <u></u>	J	.
FOO7	0 0 9 1 1 1				4
B. HAZARDOUS WASTES FROM SP			575.261(h)(3) each lister	hezardous weste fro	m specific
industrial sources your installation	handles. Use additional shoots	if necessary.		1 10	
19	21		- 	34	7
		d b			
C. COMMERCIAL CHEMICAL PROD your installation fundion which ma				for each charnical st	betanee
SI .				30.	
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	39	40		42	\exists
			1		
o. anconcility (Sortes)	STED HAZARGOUS WASTE	Mark X in the bases	440		
A Charles	Z CORROS	ve 🗆	3. REACTIVE		
XIII CERTIFICATION	Andreas Territoria (1981)				
1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	that I have personally as	umined and am famil	liar with the informat	ion programa in	
I comply taking angles of law attached decilinates, and that be a ballong true are attached for automotions in automotions in	eed on my inquiry of the formation is true, accurately the possibilities of the constant of th	rais individuals imme te, and complete. I of fine and imprison	dietaly responsible to am avene that share ment.		
SIGNATURE		AME and OFFICIAL TIT		DATE SI	GNED /
Robert J. Metho	E.F	General Manage		5/12	183
FOR OFFICIAL USE ONLY					
and the second					100
4.5	decides a				200
	Attention of the second				

OLIA	NOTIFICAT	ION OF HAZ	ARDOUS WAS	STE ACTIV		NSTRUCTIONS: If you received a prepri	
INSTALLA- TION'S EPA I.D. NO.	PAD054717	²425			i t	nformation on the label is incorrect, draw a brough it and supply the correct informa in the appropriate section below. If the lab	a line ation bel is
I. STALLATION					į t	complete and correct, leave Items I, II, and below blank. If you did not receive a prepri	inted
INSTALLA- TION II. MAILING ADDRESS	LECTRO FR 1615 MANN LEVITTOWN	HING BLWD	57		i s	abel, complete all items. "Installation" medingle site where hazardous waste is generated, stored and/or disposed of, or a toorter's principal place of business. Please to the INSTRUCTIONS FOR FILING NO	ated, trans- refer
LOCATION III OF INSTAL- LATION	1615 MANN LEVITTOWN		52		i	CATION before completing this form normation requested herein is required by Section 3010 of the Resource Conservation Recovery Act).	The law
FOR OFFICIAL	JSE ONLY						
			COMMENTS				
C 15 16						55	
	ON'S EPA I.D. NUM	ABER APPRO	OVED DATE RE				
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ME OF INS	TALLATION						
II. INSTALLATIO	ON MAILING AD	DRESS	- 1.31		477		
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	CITY	Y OR TOWN		ST.	ZIP	ODE	`
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III. LOCATION C	F INSTALLATIO	ON		40 41 42	47	51	
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5 15 16						5	
	CITY	ORTOWN	7-1-1-1	ST.	ZIPC	ODE	
6				40 41 42	42	51	
I ISTALLAT	ON CONTACT						
श्रम रहा य	710 0	ND TITLE (last, fir	st, & job title)	ПТТТ	TTT	PHONE NO. (area code & no.)	
2 / / S / F	ELD MC	BERT			1 1 1	2/13-7/90 - 1/8-0	
				11:		15 46 - 48 49 - 55 55	
V. OWNERSHIP	ai .	A. NAME OF I	STALLATION'S	LEGAL OWNER		15 46 - 40 40 - 85 52 - 55	
8 L E E D S	& NOR		STALLATION'S	LEGAL OWNER		15 46 - 48 49 - 85 55	
\$ L E E D S	Complete Complete Company	VI. TYPE OF H	IAZARDOUS W	ASTE ACTIVI	ITY (ent	ter "X" in the appropriate box(es))	
8 L E E D S	OWNERSHIP ite letter into box)	VI. TYPE OF H	IAZARDOUS W	ASTE ACTIVI	ITY (ent	ter "X" in the appropriate box(es)) RANSPORTATION (complete item VII) NDERGROUND INJECTION	
8 6 6 0 S 15 16 B. TYPE OF (enter the appropria	DERAL DERAL 34	VI. TYPE OF H	IAZARDOUS W	ASTE ACTIVI	ITY (ent	RANSPORTATION (complete item VII)	
E E E D S 15 16 B. TYPE OF C (enter the appropria F = FEDERAL M = NON-FEL VII. MODE OF T A. AIR	DERAL RANSPORTATIO B. RAIL	VI. TYPE OF H	IAZARDOUS WENERATION REAT/STORE/DIS only - enter "X	ASTE ACTIVI	ITY (ent	RANSPORTATION (complete item VII)	
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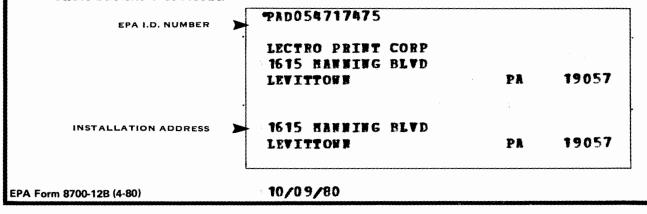
		FOR C						
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•	2		•			13	14	18

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)
A. HAZARDOUS WASTES FROM NON—SPECIFIC SOURCES. Enter the four—digit number from 40 CFR Part 261.31 for each listed hazardous waste from non—specific sources your installation handles. Use additional sheets if necessary.
1
specific industrial sources your installation handles. Use additional sheets if necessary.
13 14 18 16 17 18 18 23 - 26 2
31
D. LISTED INFECTIOUS WASTES. Enter the four—digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.
E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed
hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24.)
☐ 1. IGNITABLE ☐ 2. CORROSIVE ☐ ½. REACTIVE ☐ 4. TOXIC (D001) (D002) (D000)
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.
allet Skel ALBERT FISHREID Pres 7/22/50



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY (VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.



ER-SWM 59:1/82

ALIA DEPARTMENT OF ENVIRONMENTAL RES. BUREAU OF SOLID WASTE MANAGEMENT

HAZARDOUS WASTE PERMIT APPLICATION - PART A

Please print or type in the unshaded areas only

I. EPA I.D. NUMBER	
PADO54717475	
II. NAME OF FACILITY COMMENTS OF THE PROPERTY	
Printed Circuits, Inc.	
A NAME & TITLE (last, first, & title)	B. PHONE (area code & no.)
Mitchell, Robert General Manager	2 1 5 9 4 5 9 1 2 0
IV. FACILITY MAILING ADDRESS	
A, STREET OR P.O. BOX	
1615 Manning Blvd.	C. Stere D. Zip Code
Levittown	SPA 1905
V. FACILITY LOCATION	
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIF	FIER E. MUNICIPALITY
Same	Levittown
B. CITY OR TOWN	C. State D. Zip Cods F. COUNTY
	Lower Bucks
VI. SIC CODES (4-digit, in order of priority) A. FIRST	C, THIRD
34 7 (specify) Electroplating	[specify]
B. SECOND	D: FOURTH
(specity)	(apecify)
VII. OPERATOR INFORMATION	
A. NAME	B. is the name listed in Item VII -A siso the owner?
Millard Hendrickson	™ YES □ NO
C STREET OR P.	O. BOX
Huntingdon Valley Industrial Park	
D. CITY OR TOWN	E. State F. Zip Code G. PHONE (eres code & no.)
Huntingdon Valley	PA 1 9 0 0 6 2 1 5 3 5 5 5 0 7 5
H. STATUS OF OPERATOR (Enter the appropriate letter into the an	o occoment.
S = STATE O = OTHER (specify)	(specify)
VIII. EXISTING ENVIRONMENTAL PROGRAM PERMITS	
A. NPDES (Discharges to Surface Water) D. PSD (Air Emissions from Pro	posed Saurces)
B. UIC (Underground Injection of Fluids) E. SOLID WASTE	
C. RGRA (Hazardous Wastes) F. OTHER	(specify)
IX. MAP	
	least and mile bound accounts boundaries. The man must show the

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and any well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area as per the instructions.

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				OR REVISED APPLICATION	>			, f	5				(4)
a nevi	Sec	sp	pli	n the appropriate box in A or B below cation, if this is your first application a ber in Section 1.	<i>(merk one be</i> nd you alres	dy kn	ly) to in: low your	dicat faci	e whether ti lity's EPA I	his is the fir .D. Number	st application you are s , or if this is a revised a	ubmitting for your oplication, enter y	facility or our facility's
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•	X.	i	. ~]	FOR EXISTING FACI							Val Mod ba	FOR NEW FA	CILITIES. E DATE
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144			1000	SSES — CODES AND DESIGN CODE — Enter the code from the list o			lawana	hast	10				
en	DE	mq	CO	des. If more lines are needed, enter the e process finclading its design capacity)	code(s) in th	e spa	ce provid	ded.	If a process	will be used	thet is not included in	the list of codes b	elow, then
B. Pf	10 4	CE	95)UI	DESIGN CAPACITY — For each code of NT — Enter the amount.	entered in co	lumn	A enter	the	apacity of	the process.			`
2.	11	mas mas	T C	OF MEASURE — For each amount enter used. Only the units of measure that a	re listed belo	W MY	ay be use	the c	ocle from th	ie list of uni	t measure codes below	that describes the	unit of
			ŧ	CESS MEA!	OPRIATE U SURE FOR I GN CAPACE	ROC	OF ESS		PROCI	288	CESS 3	Appropriate ui Measure for P Design Capacit	ROCESS
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EXA 200	MP gel	LE	j • a	FOR COMPLETING ITEM XII (shad the other can hold 400 gallons.	own in line The facility	nun also	nbers X- has en	f an	nd X-2 belo neretor the	ow): A fac it can burn	ility has two storage up to 20 gallions per	tenks, one tank or r hour.	can hold
I K	О	R(•	B. PROCESS DESIGN CAPACIT	9 IINIT	FO OF	FICIAL		A. PRO- CESS CODE	В	PROCESS DESIGN C	2. UNIT OF MEA-	FOR OFFICIAL
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X. NATURE OF BUSINESS (provide a bri : ription)

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-																					
· .	н	AZ	ARE	oous	ION OF HAZARDOUS WAS WASTE NUMBER — Enter the	e four															
	11	ie £	EP t	oxic	tes which are not listed in 75 contaminents of those hazards ANNUAL QUANTITY For	ans wa	stes.														
	ar	ar	ınua	basi	s. For each characteristic or E will be handled which possess	P toxic	cont	aml	nant	ente	red in	n colu	amn A								
					ASURE - For each quantity e codes are:	enterec	d in c	o lur	nn E) ent	os the	unit	of m	ieasur	'0 C	ode,	Units of	measure	which	must b	e used and
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and the same				TO	UNDS	• • • •			r		M	ETRI		ws.		•			1	VI.	
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			ES		CODES:																
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			in S For of p haza Note "000	non-l roces: rdous : Fo)" in	All to indicate how the wa- lated hazardous wastes: For a codes contained in Section X wastes that possess the char- ur spaces are provided for en- the extreme right box of liter	ach ch (ii to i screristi terina i	l be aracte ndicat c or proces	stori risti le <i>el</i> toxi	ed, to c or / the ic co	Proc proc prtan	ed, an boxic cesses ninant	id/or conta that :.	dispo imina will b	sed o of ent s used (1)	of arternal	t the c in stor	facility. column A , treat, a	, select nd/or d	the co ispace	ode(s) for of all the	om the list non-listed : (2) Enter
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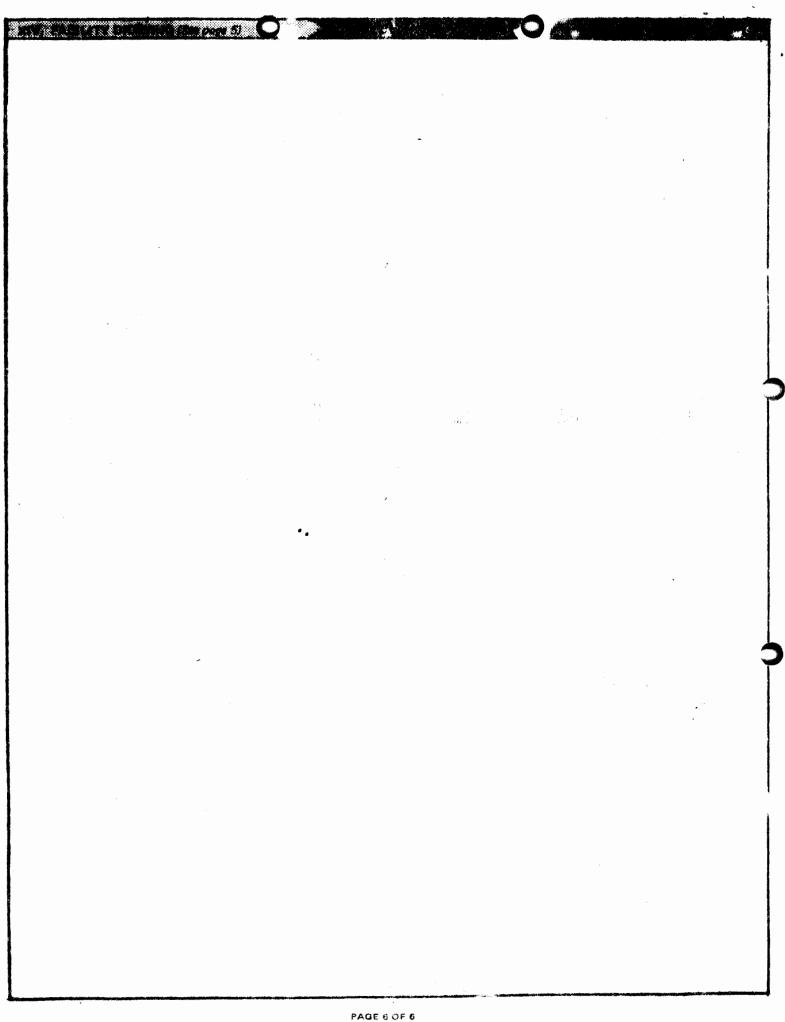
C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES feode "704"), FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY:

XII.

PROCESSES (continued)

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XIII: DESCRIPTION OF HAZARDOUS WASTES	(continued)	
E. USE THIS SPACE TO LIST ADDITIONAL PROCESS	CODES FROM ITEM D(1) ON PAGE 4.	
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XIV. FACILITY DRAWING		
All existing facilities must include in the space provided on	page 6 a scale drawing of the facility (see instruction	ns for more detail).
XV. PHOTOGRAPHS		
All sxisting facilities must include photographs (earie) or g stress; and sites of future storage, treatment, or disposal are	round-level) that clearly delineste all existing structure is see instructions for more detail).	ires; existing storage, treatment, and disposel
XVI. FACILITY GEOGRAPHIC LOCATION		MARTINE WILLIAM TO THE STATE OF
LATITUDE (degrees, minutes, & secon	ds) LONGITU	DR (degrees, minutes, & seconds)
XVII. FACILITY OWNER		
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as it also receive awards a not the racinty operates a	s nated in Section Vit, complete the ignowing items	
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Millard Hendrickson		2 1 5 3 5 5 5 0 7 5
3. STREET OR P.O. BOX	4. CITY OR TOWN	5. ST. 6, Z'U CODE
Heaton-Republics Roads	Huntingdon Valley	PA 19006
XVIII. OWNER CERTIFICATION		
I certify under penalty of law that I have personally	examined and am familiar with the informat	ion submitted in this and all attached
documents, and that based on my inquiry of those is submitted information is true, accurate, and complete	ndividuals immediately responsible for obtains te. I am aware that time are significant penals	ing the information. I believe that the ties for submitting talse information.
including the possibility of fine and imprisonment.		
A. NAME (print or type)	B. SIGNATURE	C, DATE SIGNED
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Millard Hendrickson XIX: OPERATOR CERTIFICATION	Thillef of the	
I certify under penalty of lew that I have personally	avaninad and am familiae with the informati	an auto-intend in this and all attended
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submitted information is true, accurate, and comple including the possibility of fine and imprisonment.	te. I am aware that there are significant penalt	tles for submitting false information,
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A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
Robert Mitchell	Polit f. Michelf	5/12/83



PA Form 3510-3 (6-80)

PAGE 5 OF 5

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VIII OPERATOL SUFFIRMATION				
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XI MAP	·····································			
Attach to this application a topographic ma				
the outline of the facility, the location of a treatment, storage, or disposal facilities, an				
water bodies in the map area. See instruction				
XII. NATURE OF BUSINESS (provide a brief descri	(ption)			
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XIII. CERTIFICATION (see Instructions)				
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attachments and that, based on my inquir	y of those persons imme	distely responsible for ob-	taining the information	n contained in the
application, I believe that the information		ilete. I am aware that the	re are significant penal	ties for submitting
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C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR SECRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

- A. EPA HAZARDOUS WASTE NUMBER Enter the four—digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four—digit number(s) from 40 CFR, Subpart C that describes the character tics and/or the toxic contaminants of those hazardous wastes.
- B. ESTIMATED ANNUAL QUANTITY For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non—listed waste(s) that will be handled which possess that characteristic or contaminant.
- C. UNIT OF MEASURE For each quantity entered in column B enter the unit of measure code, Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE CODE	METRIC UNIT OF MEASURE CODE	
POUNDSP	KILOGRAMSK	
TONS	METRIC TONSM	

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES

1. PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code/s/ from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
 In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter

In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.

3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous weste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non—listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

	A. EPA		C. UNIT OF MEA- SURE (enter code)			D. PROCESSES									
	HAZARD. WASTENO (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE					in'i	1. P		CES (ent	S CODES		2. PROCESS DESCRIPTION (if a code is not entered in $D(1)$)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))	
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X- 2	D 0 0 2	400	P		T	0	3	D	8	0					
X-3	D 0 0 1	100	P		T	0	3	D	8	0					
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IV. DESCRIPTION OF HAZARDOUS WASTES (con led)	·
E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.	₹.
1	
EPA I.D. NO. (enter from page 1)	
FPAD0547174756	
V. FACILITY DRAWING	
All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for mo.	re (etail)
VI. PHOTOGRAPHS	
All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing	structures: existing storage.
treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for i	
VII. FACILITY GEOGRAPHIC LOCATION	
LATITUDE (degrees, minutes, & seconds) LONGITUDE (degre	es, minutes, & seconds)
4002030	50020
65 66 67 68 69 71 72 - 74	75 76 77 79
VIII. FACILITY OWNER	
☐ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place skip to Section IX below.	ce an "X" in the box to the left and
B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following item	^{15:} √83
1. NAME OF FACILITY'S LEGAL OWNER ALL TO A DER HANT	A 2. PHONE NO. (area code & n
E LEEDS & NORTHRUP COMPANY William Survivoles	2156432000
E LEEDS & NORTHRUP COMPANY Pullary, ALLECTION	55 56 - 58 59 - 61 62 - 65
3. STREET OR P.O. BOX 4. CITY OR TOWN	5. ST. 6. ZIP CODE
SUMNEYTOWN PIKE That, Levilie for G NORTH WALES Harles To Jally	PA 19454 /9000
G A 15 16 16	47 42 51
IX. OWNER CERTIFICATION	
Sertify under penalty of law that I have personally examined and am familiar with the information submit	
documents, and that based on my inquiry of those individuals immediately responsible for obtaining the i submitted information is true, accurate, and complete. I am aware that there are significant penalties for s	
including the possibility of fine and imprisonment.	
A NAME (print or type) M. HARO HENDY (SSAN B. SIGNATURE)	C. DATE SIGNED /
O S I S I S I S I S I S I S I S I S I S	2///2/
1. Elsers min no min all al Cersentaral	1 5/8/
X, OPERATOR CERTIFICATION	
I certify under penalty of law that I have personally examined and am familiar with the information subm	nitted in this and all attached
documents, and that based on my inquiry of those individuals immediately responsible for obtaining the i	
submitted information is true, accurate, and complete. I am aware that there are significant penalties for s	
including the possibility of fine and imprisonment.	
A. NAME (print or type) ROBERT Mitchell B. SIGNATURE	C. DATE SIGNED
ALBERT FISHFELD PRESIDENT (30) \ (00%, # 100%)	11/12/80

As PER PHONE MICOND OF WINTER . W.



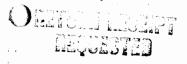


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MAIL

ATTN: SHIRLEY D. BULKIN

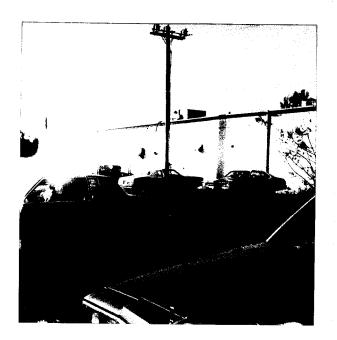
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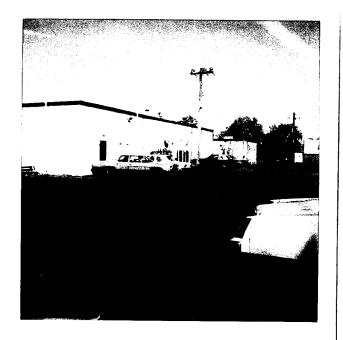


UNITED STATES ENVIRONMENTAL PROTECTION AGENCY REGION III
6TH AND WALNUT STREETS
PHILA., PA. 19106

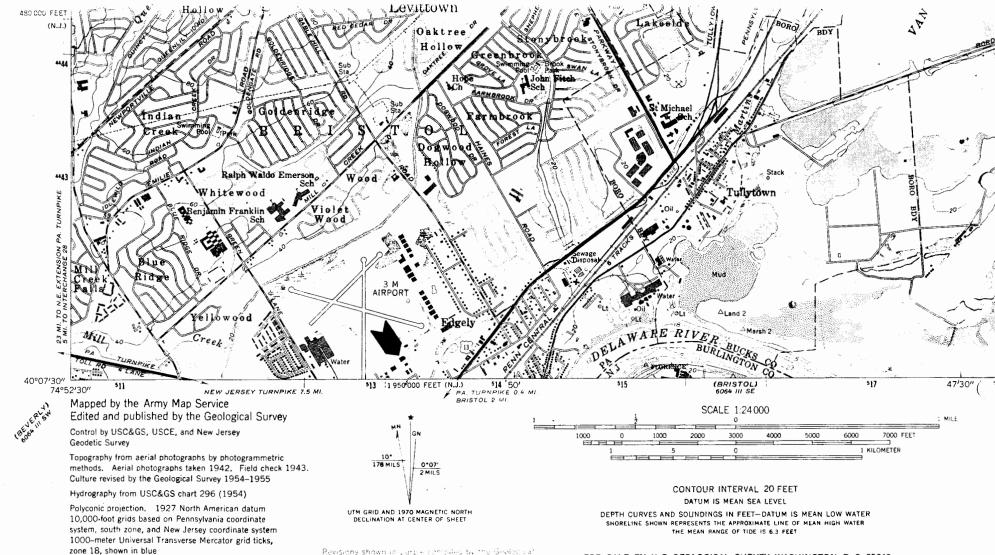
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Revisions shown in Jurge complete the Geological Survey from aerial photographs taken 1070. This information not field checked

Purple tint indicates extension of urban areas

Red tint indicates areas in which only

landmark buildings are shown

FOR SALE BY U.S. GEOLOGICAL SURVEY, WASHINGTON, D. C. 20242
A FOLDER DESCRIBING TOPOGRAPHIC MAPS AND SYMBOLS IS AVAILABLE ON REQUEST

